

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MD		
O.I.P.E. CLASSIFIER		19	3/4/01
FORMALITY REVIEW	H/L	1079	04/22/01
RESPONSE FORMALITY REVIEW	(H)	85	9/5/01

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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10-20
 RBP
 656
 1/18/01
 612
 9-11-01